Essex COVID-19 Local Outbreak Control Plan

Essex County Council

Table of Contents

1. Introduction

1.1. Background

On the 22nd May 2020 the Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a COVID-19 Local Outbreak Control Plan by the end of June 2020. The plans are to lead by the Directors of Public Health in Local Authorities.

This Local Outbreak Control Plans were required to cover seven themes:

1. Planning for outbreaks in care homes and schools.
2. Identifying and managing outbreaks in high risk places, locations and communities.
3. Identifying methods for local testing capacity.
4. Contact tracing in complex settings.
5. National and local data integration.
6. Supporting vulnerable people to get help to self-isolate
7. Establishing local governance structures.

1.2. Objectives

This document outlines the plan for local outbreaks of COVID-19 in the Essex County Council (ECC) area and how this works with regional and national systems for COVID-19 control.

The key objective of the Local Outbreak Control Plan is to protect the health of the population of Essex by:

- Prevention of the spread of COVID-19 and associated disease
- Pro-active management of high - risk settings. These are settings which would be complex and problematic if an outbreak were to occur.
- Early identification and proactive management of local outbreaks to reduce risk to life.
- Co-ordination of capabilities across partner authorities, agencies, and stakeholders.
- Assuring the public and stakeholders that this is being effectively delivered.
- Enable economic recovery through controlled relaxation of ‘lockdown’, underpinned by a robust and effective infection control strategy.

2. Governance

2.1. Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups[1] to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responder's specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives Local Authorities (Public Health and Environmental Health) and Public Health England (PHE) the primary responsibility for public health actions to be taken in relation to outbreaks of communicable disease through the local Health Protection Partnerships (sometimes these are Local Health Resilience Partnerships) and local Memoranda of Understanding. These arrangements are clarified in the 2013 guidance Health Protection in Local Government.

2.2. Structure

SUBJECT TO ESSEX COUNTY COUNCIL APPROVAL

Governance processes in Essex will fit in to the overall central government strategy To support the delivery of the Local Outbreak Plan two new committees are being formed with distinct roles and responsibilities, alongside the use of the existing strategic co-ordinating group.

Local Outbreak Engagement Board- To receive decisions and/or recommendations from the Health Protection Board, providing democratic oversight and shaping the approach to public-facing engagement and communication for outbreak response and endorsing any request to exercise any legal power to close premises or make regulations.

[1] And NHS England in the case of Prisons and custodial institutions

Covid 19 Health Protection Board - Responsible for the development and overseeing the implementation of local outbreak control plans by the Director of Public Health. It will oversee the set-up of incident management teams to control potential significant outbreaks and receive their updates and reports. It will also receive and analysis data to understand the transmission of the SARS-CoV-2 virus in the community. This will include data from the test and trace service, hospital data and testing.

Strategic Co-ordinating Group - Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans (e.g., Police, SIRE, NHS etc)

2.3. Information Governance and Data

The test and trace system both nationally and locally and outbreak control more generally rely on the sharing of person identifiable data. The public must have trust that their personal information will be safeguarded and only used for the purpose of controlling or preventing covid-19 infections. Data sharing agreements are in place with Public Health England, district, unitary and county tiers of local government, the NHS providers operationalising the Essex and Southend Contract Tracing Service and the Clinical Commissioning Groups in Essex. The Caldicott guardians in each stakeholder organisation have reviewed and signed of the information governance arrangement for outbreak management and the local contract tracing service.

2.4 Risks and Issues

Issues & Risks Logs will be maintained and reviewed by the Project Manager and significant entries will be escalated to the Health Protection Board for further action or escalation as required. Key risks at the start of the project will be agreed by the Chair of the Health Protection Board and added to the logs with proposed mitigations.

The key risks and mitigations of 29 June 2020 are:

Risk	Mitigations
Major outbreak identified prior to Essex model being mature enough to implement an	Team meetings set up twice weekly to monitor progress across all key workstreams. And model on track to be in place by the 29th June. Other Local Authority progress/planning being monitored to inform Essex planning.

effective response.	Public health professionals are relatively comfortable that in the interim outbreak could be managed prior to the full model being in place
Unknown capacity requirements could impact ability to deal with large outbreaks.	Process being put in place to quickly increase/decrease resource availability. Including the use of partner agencies and staff from other District Authorities.

3. Operations

3.1. Prevention

Prevention must come first and is a pillar of the communications strategy. We will support individuals to protect themselves and others through the promotion of:

- hand washing and respiratory hygiene,
- maintenance of social distancing and related measures,
- the appropriate use of Personal Protective Equipment (PPE).

Reducing the amount of viral transmission occurring in the community helps prevent outbreaks by reducing the number of infectious people. For this reason, our communication strategy aims to:

- embolden people to self-isolate if they or members of their household have symptoms and advise them how to get support if they need it,
- encourage those with symptoms to get tested for the virus (see section 3),
- work with the test and trace service to identify contacts of those who have tested positive and break viral transmission.

In addition, the need for individuals who have travelled into the UK from abroad to follow the latest Government requirements on self-isolation will be promoted.

3.2. Processes

Outbreaks will be managed in two ways. For small outbreaks, the test and trace system, both nationally and locally will be adequate. An example might be a single office worker has tested positive and did not adequately socially distance at work while in the infectious period. By tracing his or her workplace contacts and getting them to self-isolate an outbreak is stopped before it has begun.

In some situations, simple contact tracing of individuals testing positive will not be enough to control an outbreak. Examples would include several cases associated with a workplace or increase in cases despite apparent adequate self-isolation of contacts. In situations like these an Incident Management Team (IMT) would be established to control the outbreak.

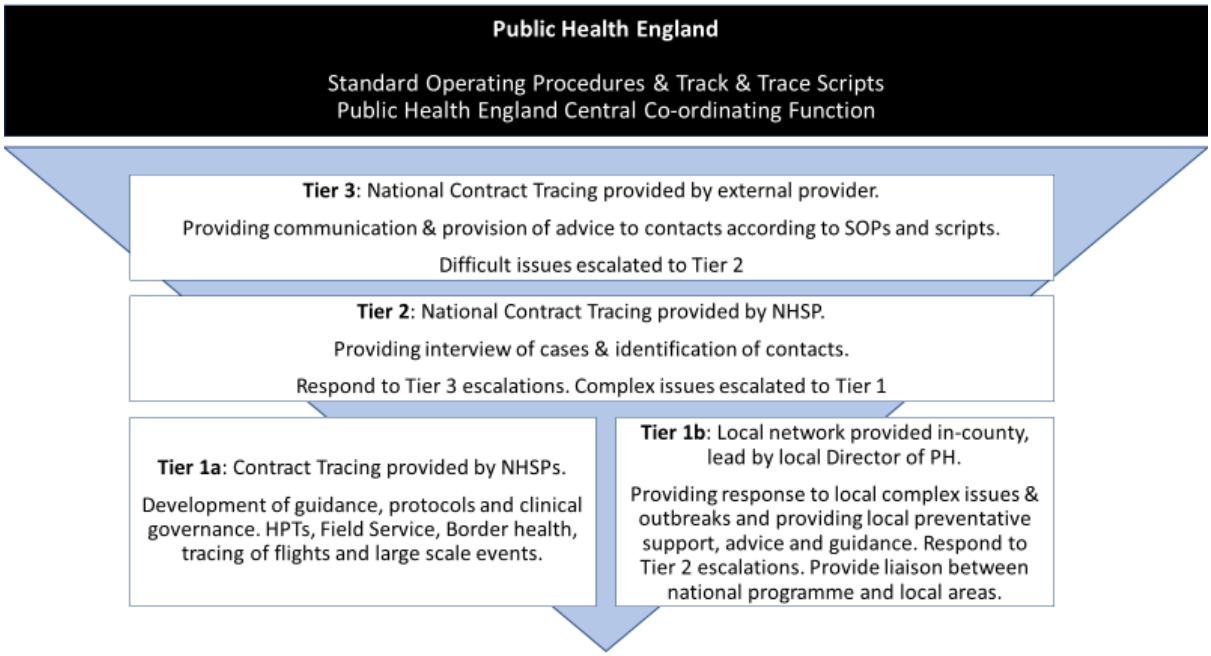
3.2.1. Test and Trace

The contact tracing processes in Essex will integrate with the wider strategic regional contract tracing approach for the East of England, overseen by Public Health

England (PHE). This will be through the implementation of a three-tier model (Figure 3.1) with clear escalation routes between tiers.

The Essex Outbreak control plan will address the roles required for staff in Tier 1b of this model.

Figure 3.2.1 Three Tier Model



A common high-level process, shown in Figure 3.2, will be used in the management of potential local outbreaks in Essex County Council and Southend District Authority. This process will ensure consistency in approach, and that appropriate quality control and governance measures can be robustly applied.

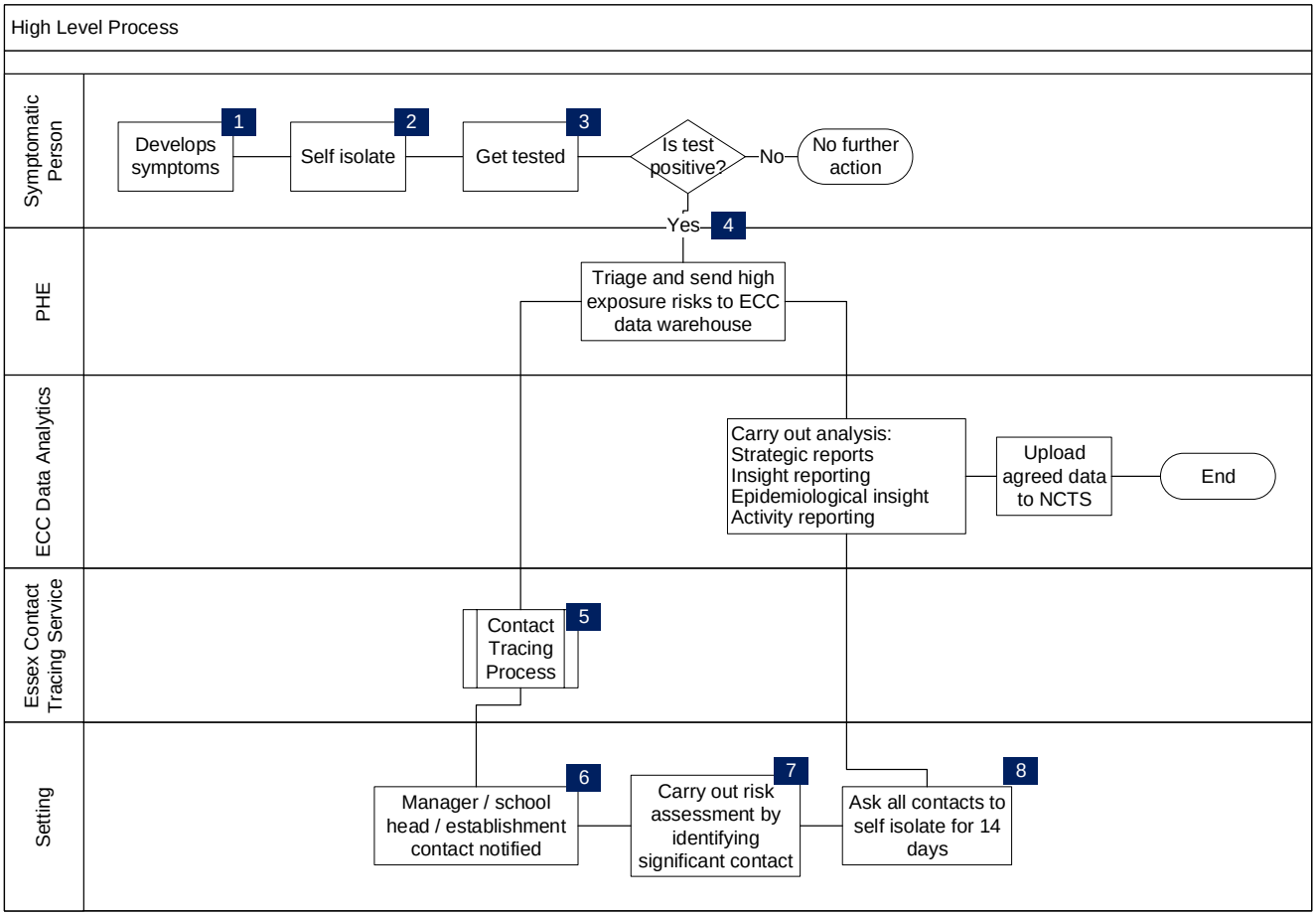
Where settings require specific outbreak control plans these will be informed by the common high-level process outlined here. Outbreak control plans will be developed for the following specific settings:

- Schools.
- Care homes.
- Workplaces.
- Vulnerable groups.
- High-risk settings or communities.

High Level Process

It is not anticipated that the high-level process will address all potential outbreak scenarios. Rather it is intended to provide a consistent model within which professional judgement can be applied.

Figure 3.2 High level outbreak control process for Essex



1. Development of symptoms of COVID-19

A symptomatic person will be defined as a possible case as per the current PHE case definition.

As of the 29th June 2020 this includes:

- A new continuous cough

or

- A high temperature

or

- A loss of, or change in, normal sense of taste or smell (anosmia)

2. Self-isolation

Current guidance on self-isolation can be found on the UK Government website.

As of the 29th June key guidance includes:

- If an individual has symptoms of coronavirus (COVID-19), however mild, **or** they have received a positive coronavirus (COVID-19) test result, must immediately self-isolate at home for at least 7 days from when symptoms started
- Individuals should consider alerting the people that they have had close contact within the last 48 hours to let them know you have symptoms
- Individuals should arrange to have a test to see if they have COVID-19

3. Getting tested

Tests can be arranged online. Guidance on how to self-administer a home test is available on the testing website.

Access to testing

While there is high demand for tests it cannot be guaranteed that tests will be available. If a test is not available an individual with symptoms of COVID-19 must self-isolate for 7 days, or longer. If the person still has symptoms other than cough or loss of sense of smell/taste, they must continue to self-isolate until they feel better.

Surveillance testing of some settings may occur.

People unable to test for COVID-19

There will be situations in which a person who is symptomatic cannot or will not be tested. Examples may include a parent unable or willing to have their child tested or if testing capacity is not available.

In such cases the individual needs to self-isolate for seven days but those they may have infected will not be contacted. It is expected that such cases will be rare enough not too significantly hinder infection prevention.

4. Testing positive

Following a positive test result, the person who has tested positive will receive a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts. They will also be advised to self-isolate, following government guidance.

People who test positive for COVID-19 are advised to continue to self-isolate after seven days or longer if they still have symptoms other than cough or loss of sense of smell/taste. They must continue to self-isolate until they feel better.

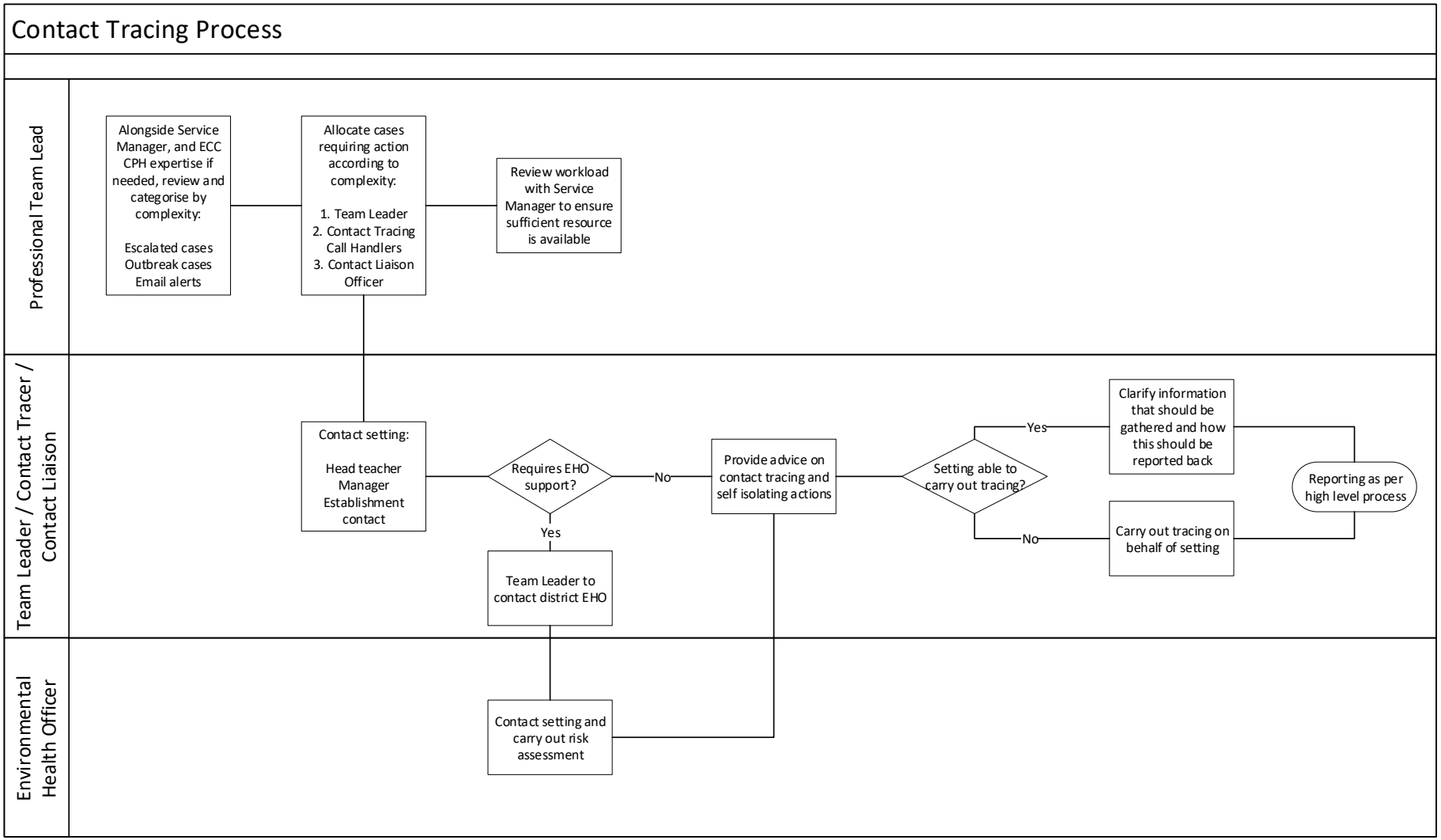
People who test positive do not need to continue to self-isolate after seven days if they only have a cough or loss of sense of smell/taste, as these symptoms can last for several weeks after the infection has gone. Information on ending isolation is available.

Self-isolation of household members should occur when any one member of the household is symptomatic, following the guidance illustrated in the explanatory diagram.

Additional support can be sought if the individual cannot cope with their symptoms at home, if their condition gets worse, or if symptoms do not get better after seven days. Support can be accessed by using the NHS 111 online coronavirus (COVID-19) service or calling NHS 111. For any medical emergency 999 should be contacted.

If people develop new coronavirus COVID-19 symptoms at any point after ending the first period of isolation (self or household) then they must follow the same guidance on self-isolation again.

5. Essex and Southend Contact tracing



Local contact tracing will be a joint responsibility between the PHE health protection team and upper tier local authorities. PHE will contact cases directly where there is lower risk of an outbreak developing (with ECC or other local involvement if needed) Where there is higher risk of outbreak developing, case information will be passed to Essex data insight function. Please see 3.4 for Memorandums of Understanding.

The caseload dataset requested from PHE will include name, contact phone number, address full postcode, occupation, workplace address. Essex data insight function are constructing the Essex data warehouse to which Essex and Southend Contact Tracing Service will have direct and timely access to data passed down by PHE, as soon as information governance has been completed.

The Service will assess cases and pass to a setting or contact tracing lead in the Essex and Southend Contact Tracing Service. A Consultant in Communicable Disease control will be available to support contact tracing if required. There will also be strong ongoing links with PHE.

Detailed protocols may be different according to setting. See settings 3.2. With time and learning it might be possible for the assignment of contact tracing without involving senior staff. This will be reviewed as needed.

6. Manager / School head / Establishment Contact

Identifying those at significant risk of infection and removing them from a setting can stop outbreaks developing. By acting, transmission in the setting is prevented.

A senior member of the contact tracing team will contact the manager of the organisation (the workplace, health setting, care home or school) to assess who is at risk (see 7 risk assessment below). They will be able to offer:

- Generic leaflets and text that explain why a person is considered at risk, that they should self-isolate, what this means and why it is important. This will have links to the relevant guidance and Essex Welfare Services.
- Generic communications templates will be available from ECC if requested.
- Support in understanding the guidance.
- Advise on the principles of social distancing to minimise recurrence.

While it is expected that most establishment contacts will be able to follow guidance circumstances will arise where this is impacted by communication or process challenges. In these circumstances, cases will need to be passed on to senior contact tracers for a decision on what action to take; Local Consultant in Communicable Disease Control support will be available for advice if required as well as access to PHE advice and support.

7. Risk assessment: who is a significant risk?

The risk assessment will try to identify all those who may have had a significant risk of infection. To be at significant risk of infection an individual must have had contact with the person who tested positive during the infectious period and the contact must have been significant. The infectious period and significant contact are defined as follows:

> **Infectious period:** from 48 hours before the onset of symptoms (or the date the test was taken if they did not have symptoms) until seven days after onset of symptoms (or the date the test was taken if they did not have symptoms).
>
> **Significant contact:**
>
> - had face-to-face contact of any duration (less than one metre away)
> Or
> - were coughed or sneezed on
> Or
> - spent more than 15 minutes within two metres of each other
> Or
> - travelled in a car or other small vehicle (even on a short journey)

All those having significant contact during the infectious period must be advised to self-isolate. They will be encouraged to apply for a COVID-19 test if they develop symptoms.

It is not necessary for those in the same household as the person self-isolating to self-isolate. This would only be needed if symptoms develop and is explained in the national guidance.

8. All contacts asked to self-isolate (14 days)

Full guidance on self-isolation is available.

Support for people who are self-isolating

Contact tracers will be able to pass on the details of the Essex Welfare Service (EWS) to individuals who are asked to self-isolate. EWS can provide support to individuals while in self isolation, as well as supporting individuals who do not otherwise have access to resources or help. Appendix 3

Details of EWS can be found on the service website or by calling the service on 0300 303 9988.

3.3. Settings

Setting	Detail	Process Link
Schools	In cases in which transmission may occur in schools the contact tracers will contact the school's head teacher.	Schools
Care Homes	In cases where transmission occurs contact tracers will contact care home management.	Care Homes
Workplaces including restaurants and shops	In cases where transmission occurs in a workplace it contact tracers will contact workplace management.	Workplaces
Healthcare and Emergency Services • NHS Trusts • Primary Care • Emergency Services	Cases involved in NHS settings, hospitals, community trusts and mental health providers will be passed over to the relevant Trust incident management team inbox which is monitored out of hours, with the Director of Infection Prevention and Control copied in. In primary care settings (for example dental surgeries, general medical practices, opticians) or other settings where there is not a Director of Infection Prevention and Control, a senior level contact tracer will contact the management of the service. For emergency services (excluding Ambulance Trust which is managed as NHS above), the relevant organisation will be notified via their control rooms.	Healthcare and Emergency Services
Under-served groups and justice	In cases involving vulnerable groups, such as the homeless, this will be a through a bespoke process that will involve support workers from Peabody or from Environmental Health Officers.	Under-served groups and justice
Traveller Communities	Outbreak management and contact tracing on a Traveller site is likely to benefit from specialist Traveller advice on how best to engage site residents. The Essex Countywide Traveller Unit (ECTU) team, hosted by ECC can assist with this. ECC own some of the Traveller sites in Essex, but many more Travellers live on private sites or caravan pitches. However, ECTU can assist by either directly or indirectly facilitating access to sites. For traveler communities where a site is known but precise contact details are not, contact tracing will be liaison with the ECTU to use their expertise to contact trace.	-
Cross border cases	It is inevitable that there will be outbreaks/incidents where the setting is in one local authority area, with cases or contacts in a different area(s). In such situations the overall management responsibilities will reside with the health protection team and lead local authority where the setting is located. Other local authorities should be informed of any associated cases or contacts, invited to	-

	participate in any incident management teams and take responsibility for local actions, when and if appropriate	

3.3.1. Incident Management Teams

Identification of the need for an Incident Management Team (IMT)

The suspicion of an outbreak may come in several ways. It may come from contact tracing hearing of multiple people with symptoms in a setting or that contract tracing in a setting or location is rising. It may also be from analysis of the wider data. Once the question is raised the decision to form an IMT will be taken by a Director of Public Health, CCDC or a Consultant in Public Health working in an upper tier local authority.

IMT Membership

IMTs will in most cases be chaired by the Director of Public Health from Essex or a CCDC employed by the local authority. The membership of the IMT will depend on nature of the incident but would be expected to draw from the following:

- PHE Consultant in Communicable Disease Control
- Environmental Health Officer from a District Local Authority
- contact tracer from the Essex and Southend Contract Tracing service
- specialist who works with a community group relevant to the incident (for example the Essex travellers' unit or the Peabody for the homeless)
- communication lead
- local authority Consultant in Communicable Disease Control
- local authority Public Health Consultant

IMT Actions

The IMT will follow the standard as set out in the Template East of England Joint Communicable Disease Incident/ Outbreak Management Plan. This will include the following:

- establish that a problem exists
- instigate immediate control measures
- undertake case finding
- construct descriptive epidemiology
- consider analytical epidemiology (in most cases this will not be needed)
- consider further control measures
- communicate to stakeholders and the public as needed
- declare when an outbreak is over
- report on progress and produce a final outbreak report

The reports form the IMT will go to the Covid-19 Health Protection Board and where appropriate from there to the Local Outbreak Engagement Board and the Strategic Co-ordinating Group.

3.4. Essex & Southend Contact Tracing Service

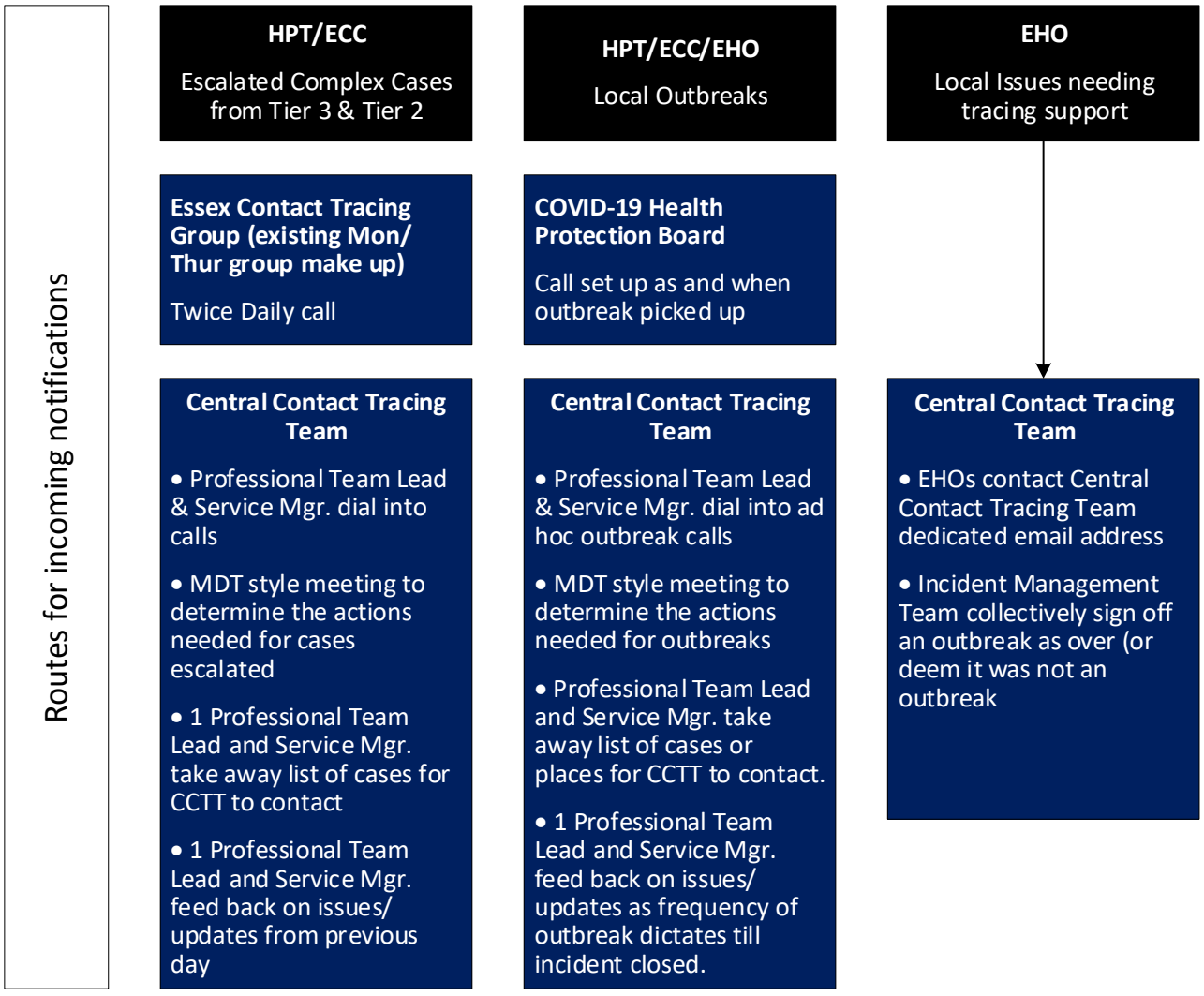
Essex will be delivering a local contact tracing service with Southend Unitary Authority named the Essex and Southend Contract Tracing Service. The host for the service, will be two of current providers of Essex sexual health service and community services, ACE and PROVIDE.

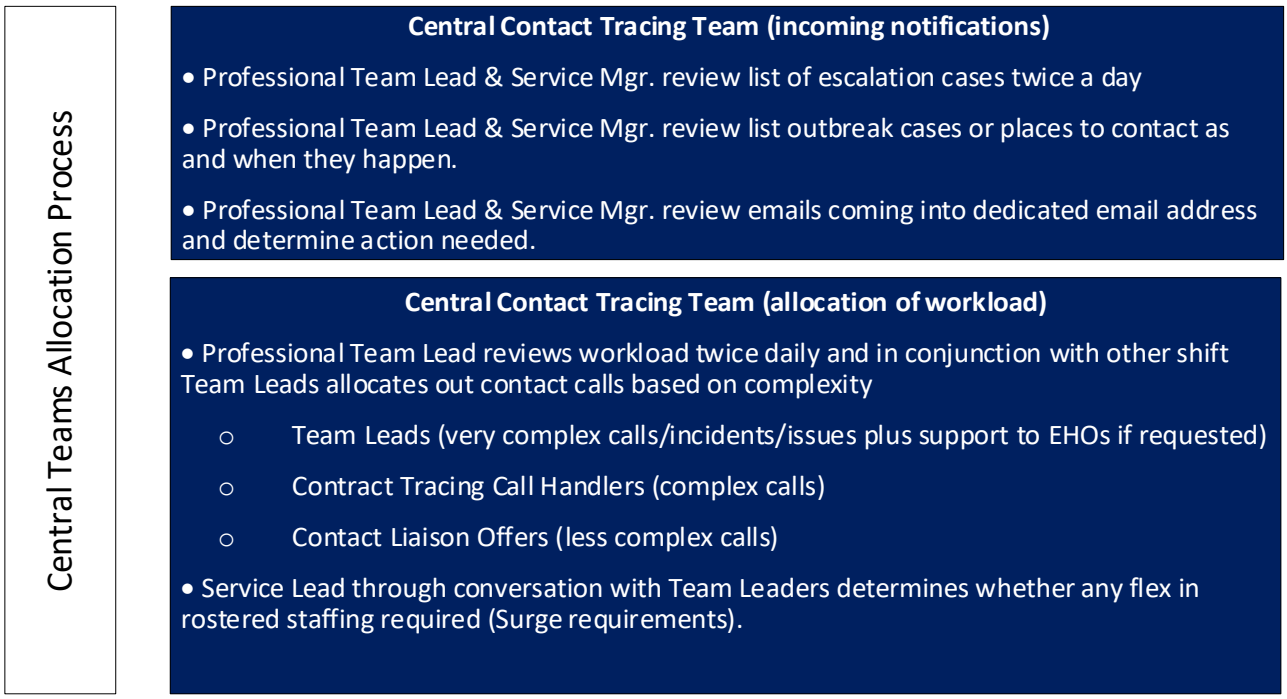
The current need identified is for additional capacity of approximately 50 staff. Initially two thirds of the staff compliment will be specialists such as Environmental Health Officers (EHO) and / or Trading Standards Officers (TSO). Access to an interpretation service is in place to support the team.

It is recognised that additionally there will need to be access to Consultant in Communicable Disease Control (CCDC) advice and support. There will be 1 WTE CCDC bespoke support for the service. The in house CCDC support will reduce pressure on PHE but also ensure their involvement where appropriate.

3.5. Essex & Southend Contact Tracing Service Processes

Essex Contact Tracing Team





Central Team Contact and Tracing Process

Central Contact Tracing Team (contact tracing)

- **Team Leads**
  - Oversee and manage workload of team in conjunction with other Team Leads and Service Manager.
  - Take lead in management of outbreak incidents within central team
  - Liaise with District EHOs where their support needed in a particular locality
  - Take referrals from District EHOs where the EHOs need support (allocate response out to team where appropriate)
  - Make contact with other EHOs in other Districts if surge capacity needed. Notify XXXXX if this is needed.
  - Make contact (from XXXX number) and undertake contact tracing process for very complex cases
  - If resultant contacts less complex allocate out to rest of team as appropriate.
  - Undertake public health risk assessment, including escalation of issues or concerns to HPT/PHE for advice.
  - Document information obtained from cases/incidents and outcomes.
  - Ensure escalations are actioned and closed appropriately.
  - Liaise with contacts in border areas where cases/incidents straddle
  - Liaise with border forces and ports as appropriate and under guidance from HPT

- **Contract Tracing Call Handlers**
  - Make contact with cases/organisations/locations following PHE protocol and scripts
  - Undertake public health risk assessments
  - Ascertain contacts (where these are considered to not be complex, complete documentation for T3/T2 to pick up calls)
  - Call contacts (utilising the Contact Tracing Liaison Officers if appropriate)
  - Provide public health advice were appropriate including advice relating to complex incidents/outbreaks
  - Document information obtained and outcomes in XXXXX system.
  - Escalate any difficult issues or difficult non-compliance or concerns to a Team Lead.
  - Pick up cases escalated from the Contact Tracing Liaison Officers
  - Ensure escalations are actioned and closed appropriately.
  - Flag workload capacity issues to a Team Lead.
  - Flag to Team Lead if District EHO support required for geographical expertise.

- **Contact Tracing Liaison Officers**
  - Make contact with cases following national PHE protocol and scripts
  - Document information and outcomes in XXXXX system
  - Escalate issues or non-compliance to Contact Tracing Call Handlers

3.6. Memorandums of Understanding and Standard Operating Procedures

The following Memorandums of Understanding (MOU) and Standard Operating Procedures (SOPs) will support the working processes and relationships between other organisations required in this Local Outbreak Control Plan. If you would like a copy of the documents referenced below please email public.health@essex.gov.uk

Setting	Last updated	Document
Schools and early year settings MOU	Awaiting final document	
Care Homes SOP	22 May	FINAL Template PHE-LA Care Home S(
Workplaces MOU	Awaiting final document	
Border Health Guidance	5 June	BorderMeasures-AviationIndustryOperatior BorderMeasuresFAQs-AviationSectorV2.0(19COVID-19PHEFAQs-AirportsV4.1.pdf COVID-19PHEFAQs-MaritimeSectorV6.00.
Socially excluded groups MOU	Awaiting final document	

3.7. Local Testing Capacity

Most of the testing for those who have symptoms of covid-19 will be done through the national testing routes. Individuals assess this themselves either through the NHS website or calling 111. The options will be to go to a drive-through test centre or have a test delivered to be taken at home and returned. There are drive-through test centres at Stansted and Ipswich as well as a mobile unit whose location each day. The list of dates and sites is available on the Essex County Council website.

There are additional testing options for key workers in Essex, details of which can be found on the relevant Essex County Council webpage. Care home managers can also ask for testing of their residents or staff from the national portal, or via the health protection team of Public Health England if they think they have an outbreak. The testing in cases of suspected care home outbreaks is undertaken by Commiseo Primary Care Solutions.

Testing of patients admitted to hospital or attending the emergency department is arranged by the hospitals. Hospitals will also test patients being discharged in to care homes even if they are not symptomatic.

All the above must cover most of the testing that is needed in Essex. There will be situations in which these arrangements are inadequate. For example, a person in temporary accommodation without a phone, internet access or transport. For these rare occasions we can employ Commisseo Primary Care Solutions. They will undertake the testing but need a definite safe location to undertake the testing, for example an individual's room in a house of multiple occupation. This will be undertaken on a fee for service basic depending on the number of tests that needed to be done in a location and the distance that needed to be travelled to that location.

4. Data Integration

4.1. Data sharing

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act (CCA).

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, Local Authorities, General Practitioners. These notices require that data is shared for purposes of COVID-19 and give health organisations and local authorities the security and confidence to share the data they need to respond to COVID-19. These can be found here.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

4.2. Proposed Test and Trace Tier 1 escalation routes

There is a need to understand these three data flows and management processes. This includes:

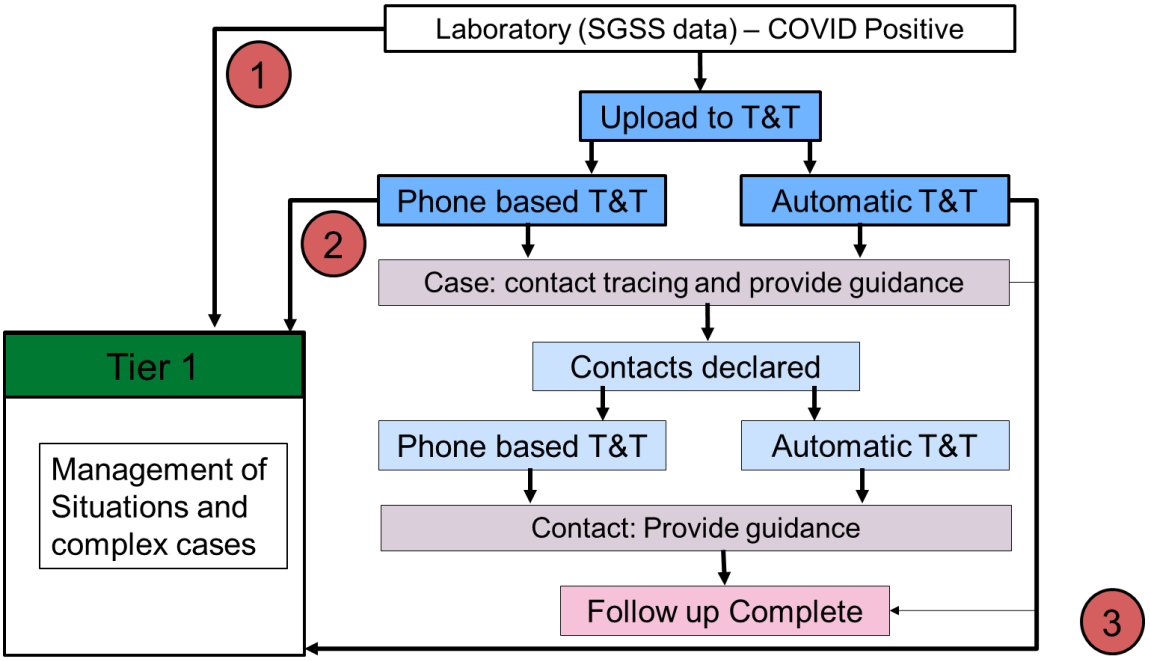
- Data types and format
- Intended IG guidelines and compliance needs
- Frequency
- Feedback reporting

Three routes to Tier 1 escalation from the national test and trace team are captured in Figure 4.1. These are:

1. **Direct allocation:** records automatically allocated to Tier One due to their status. For example, a care home resident is followed-up without progressing through national test and trace (no questionnaire completed).
2. **Call handler escalation:** if a person provides information not captured by test and trace questions that requires escalation. For example, if a person has concerns over disclosure or is unwilling to provide information.
3. **Through review of data** the national test and trace team will identify any records or events that need escalation and have not been captured above. For example, school settings not escalated by call handlers or postcode co-incidences.

A fourth route to escalation, not captured in the diagram, will be **automatic escalation:** If a person provides certain responses to questions. For example, if a case identifies as "working in a healthcare setting". The case will be escalated after completion of the questionnaire.

Figure 4.1 Essex & Southend Test and Trace escalation routes



3 routes to Tier 1 escalation

SGSS: Central system and database that stores and manages data on laboratory isolates and notifications. Captures all positive COVID-19 tests from laboratories across England. Stored in a central database within PHE

4.2.1. Information flow & management processes

For analysis of data the National infection service is expected to flag potential issues, clusters and general epidemiological findings. The ECC Public Health Intelligence team is expected to provide interpretation and deeper local insight and analysis.

Local flows and current unknowns are shown in Figure 4.2.

Figure 4.2 Local information flows and processes

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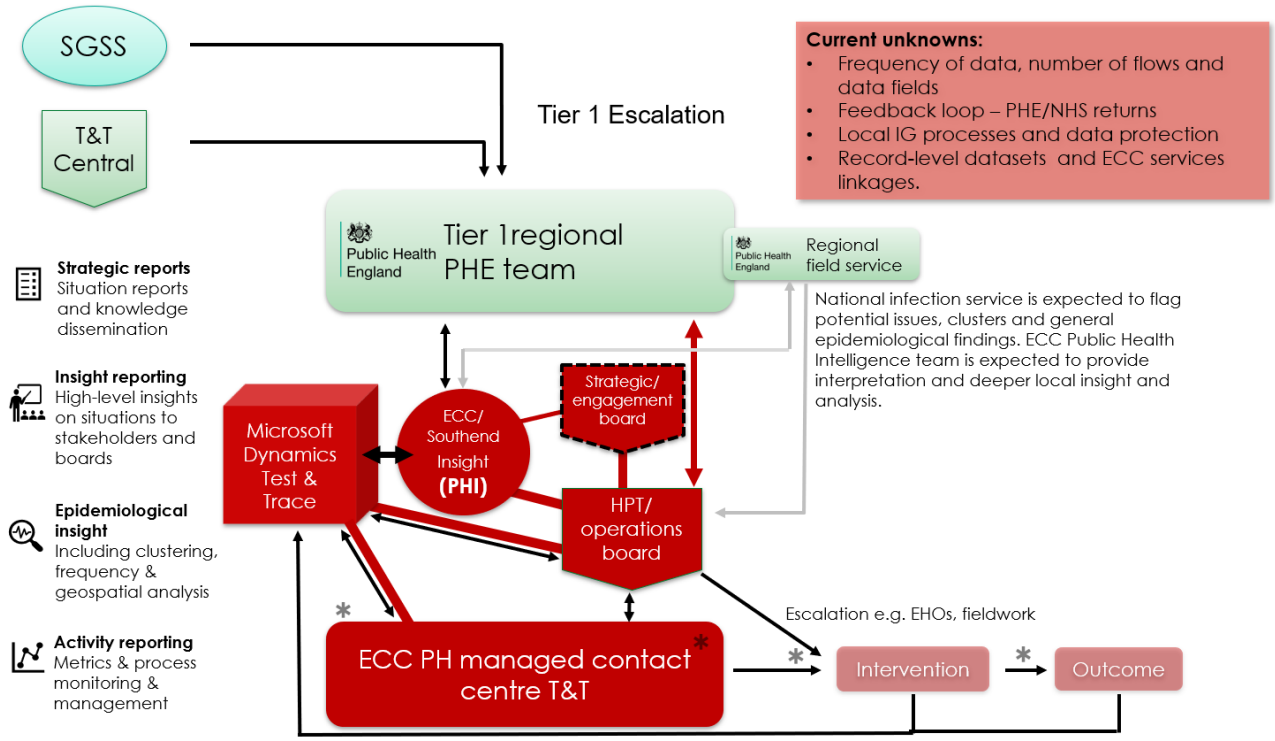
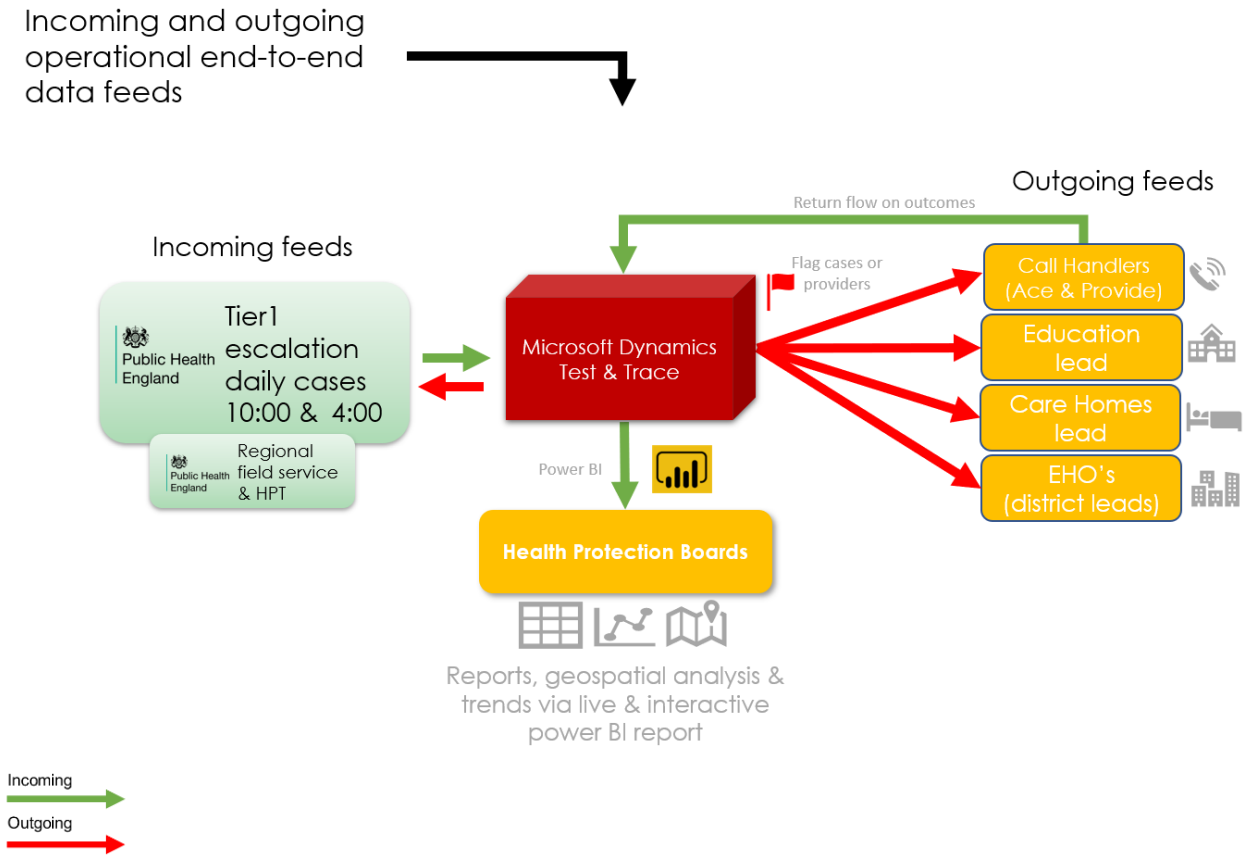


*Activity recording and reporting

4.2.2. Proposed detailed data flows

Proposed detailed data flows are captured in Figure 4.3 below.

Figure 4.3 Proposed detailed data flows



4.2.3. Responding to potential issues arising from the data

It is essential that the system can identify and appropriately respond to what is happening locally. This needs to be through twice weekly meeting including Analyst lead, Consultant in Public Health or Consultant in Communicable Disease Control, Public Health England and Director of Public health to understand in detail local data trends.

This will involve consideration of local outbreaks as well as more crucially any emerging underlying trends in the wider community. Data considered may include:

- Increased numbers asking for testing as they have symptoms
- Increased number of positive tests
- Increased school absence as pupils are in households with symptomatic household members
- Increased number of small possible outbreaks in settings without a clear mode of transmission
- No large outbreaks big enough to make a significant contribution to an increase in the number of positive cases
- An increase in the number of hospital admission testing positive (this one have a 7 to 10 day lag after increased transmission)
- An increase in COVID-19 positive intensive care unit patients (after an additional lag)
- An increase in the number of COVID-19 positive deaths (again after a lag)

This group would need to consider any implications and potential action required around this to be discussed at the Health Protection Board and if required the Engagement Board.

5. Communications approach

The Government will be providing lots of information and resources to support local authorities to communicate with residents about Test and Trace. Our approach will be to take that content, localise it where needed, and then share through every channel available to us. Of importance will be using the data available to us to identify communities we need to target (both geographical, demographic etc), and how best to tailor this messaging. This insight will be crucial to ensure we are targeting where we are seeing emerging issues and areas that are not adhering to social distancing measures. (Appendix – Communications Strategy)

Communications approaches will be tailored to different audiences and centre around four key pillars:

1. **Prevention** -Our strategy to prevent the spread of the virus and encourage them to use track and trace. For this activity we should use PHE assets as much as possible and localise if required. Widespread “push” messages should be disseminated out across all owned channels, both from ECC and partners. We will also look at opportunities for “earned” content through, for example, media opportunities, partnerships, paid for opportunities. This will be supplemented by targeted activity which will be determined through insight and data.

2. **Management of Outbreaks** – Our strategy when an outbreak occurs. For this activity communications will be two-fold – firstly direct and targeted communications to support the outbreak. This will align to the process/protocols put in place by Public Health colleagues for each scenario. Much like the process/protocol, there will be a generic approach which will be tailored to the relevant audience. It is anticipated that template guidance for communication will be issued by PHE which we should follow and adapt where appropriate (schools protocol being issued w/c 8th June which will include template letters for staff/parents for example). In these instances the setting will be provided with these templates and supported with finalising and issuing these via established channels. The second element would be any wider communications required in relation to local outbreaks, for example managing public/media interest and scrutiny around local outbreaks.

3. **Local action in response to outbreaks/R number/additional insight** – Our strategy for implementing local action to further prevent the spread of infection. Activity will focus on communicating clearly the process around how decisions are made around local action, and communicating what decisions are made and impact of these.

4. **Support** – Our strategy for people who need to isolate. Activity will focus on providing those who need to isolate with effective support and guidance of how best to support themselves during a period of isolation (including financial support/guidance around sick pay), including, where appropriate, directing to Essex Welfare Service.

For each above scenario, a separate plan has been created which will allow for detailed scenario planning and templates to be developed. (Appendix – Awaiting Plans).

6. Lockdown

It is likely that as cases reduce local infection rates will vary more. This may require consideration of options to take local action in reducing transmission. It is recognised that lockdown has been the single effective measure in the UK to date. While the key purpose of this plan is to ensure local test and trace systems effectively contain Outbreaks there may be a need to consider and action wider lockdown arrangements

The options will need to be developed by the Health Protection Board with strong input from PHE both Regionally and likely nationally.

The SCG will need to be fully engaged with particularly the Chief Constable aware and in agreement with any areas requiring police intervention.

The Engagement Board will need to consider recommendations and decide on agreed action as well as communicate this.

Action might include:

- Urging local people to return to lockdown
- Asking businesses to close in each area for example the High street
- Advising/delivering Closure of all schools in an area
- Working with Regional and National leads around the need for more enforced lockdown

Draft guidance on legal powers to add enforcement if needed are in Appendix 10.

7. Appendices

	Title	Last updated	Document
1	ERF Covid-19 Supporting Framework v3	4 June 2020	See appendices folder
2	TORs and membership lists for Boards	12 June 2020	See appendices folder
3	Essex Welfare Service	19 June 2020	See appendices folder
4	Setting specific flow charts	18 June 2020	7.1
5	Directory of contacts	18 June 2020	See appendices folder
6	Scripts	Not yet confirmed	
7	Template East of England Joint Communicable Disease Incident/ Outbreak Management Plan	25 June 2020	See appendices folder
8	Communications Strategy	18 June 2020	See appendices folder
9	Scenario specific comms plans	To follow	To follow
10	Control Powers for Lockdown	29 June 2020	See appendices folder

7.1. Setting specific flow charts

If you would like a copy of the documents referenced below please email public.health@essex.gov.uk

Schools.

Children, Families and Education Proce

Care homes.

Care Homes and Conact Tracing.pdf

Workplaces.

Workplaces Health Process.pdf

Healthcare and Emergency Services

Healthcare & Emergency Services P

Vulnerable groups (Under-served Groups and Health and Justice Allocation).

Under-served Process Flow T&T.pdf